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6/12/03**Gates & Cooper** LLPHoward Hughes Center  
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Los Angeles, California 90045**FAX RECEIVED**

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**GROUP 1600****FAX TRANSMISSION TO USPTO**TO: Commissioner for Patents  
Attn: Examiner Anne Marie Falk  
Patent Examining Corps  
Facsimile Center  
Washington, D.C. 20231FROM: Karen S. Canady  
OUR REF.: G&C 131.12-US-WO  
TELEPHONE: (310) 642-4148Total pages, including cover letter: 12PTO FAX NUMBER: 703 872 9306**OFFICIAL**

If you do NOT receive all of the pages, please telephone us at (310) 641-8797, or fax us at (310) 641-8798.

Title of Document Transmitted:	AMENDMENT UNDER 37 C.F.R. 1.111, PETITION FOR 1-MONTH EXTENSION OF TIME AND AUTHORIZATION TO CHARGE DEPOSIT ACCOUNT FOR THE EXTENSION FEE
Applicant:	Luigi Naldini et al.
Serial No.:	09/581,308
Filed:	February 9, 2001
Group Art Unit:	1632
Our Ref. No.:	G&C 131.12-US-WO

By: Name: Karen S. Canady  
Reg. No.: 39,927

I hereby certify that this paper is being transmitted by facsimile to the U.S. Patent and Trademark Office on the date shown below.

Signature 

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G&amp;C 131.12-US-WO

Due Date: June 11, 2003

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Luigi Naldini et al. Examiner: Anne Marie Falk  
Serial No.: 09/581,308 Group Art Unit: 1632  
Filed: February 9, 2001 Docket: G&C 131.12-US-WO  
Title: THERAPEUTIC USE OF LENTIVIRAL VECTORS

**CERTIFICATE OF MAILING OR TRANSMISSION UNDER 37 CFR 1.8**

I hereby certify that this correspondence is being filed via facsimile transmission to the U.S. Patent and Trademark Office on June 11, 2003.

By:   
Name: Karen S. Canady

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

We are transmitting herewith the attached:

- ☒ Transmittal sheet, in duplicate, containing a Certificate of Mailing or Transmission under 37 CFR 1.8.
- ☒ Amendment Under 37 C.F.R. 1.111.
- ☒ Petition for Extension of Time under 37 C.F.R. 1.136 for 1 months.
- ☒ Charge the Extension Fee in the amount of \$55.00 to the Deposit Account.

**CLAIMS PRESENT**

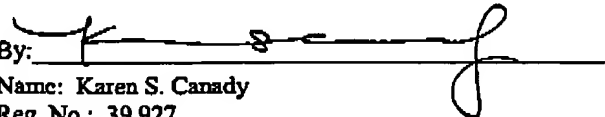
Claims Remaining:	Highest Number Previously Paid For:	Number Extra	Rate	Fee
Total Claims				
12	20	0	x \$9.00 =	\$0.00
Independent Claims				
1	3	0	x \$42.00 =	\$0.00
MULTIPLE DEPENDENT CLAIM FEE				\$0.00
TOTAL FILING FEE				<del>\$55.00</del>

Please consider this a **PETITION FOR EXTENSION OF TIME** for a sufficient number of months to enter these papers, if appropriate.

Please charge all fees to Deposit Account No. 50-0494 of Gates & Cooper LLP. A duplicate of this paper is enclosed.

**Customer Number 22462**

**GATES & COOPER LLP**  
Howard Hughes Center  
6701 Center Drive West, Suite 1050  
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(310) 641-8797

By:   
Name: Karen S. Canady  
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